									Application or Docket Number					
	PATENT A			G F	mil-12 226									
Effective December 29, 1999 19/540 034													7	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY			
FO	R	NUN	NUMBER FILED			NUMBER EXTRA		RATE		EE] آ	RATE	FEE	
BASIC FEE					<u>.l</u>				34	5.00	OR		690.00	
TOTAL CLAIMS				minus 20=	= 1.		I	X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS		AIMS	minus 3 =				ŀ	X39=				X78=		
	LTIPLE DEPEN								+-		OR			
								+130=			OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			OR	TOTAL		
CLAIMS AS AMENDED - PART II								SMAL	· ENT	'I TV	OR	OTHER SMALL		
		(Column			(Column 2)	(Column 3)	ſ	DIMML		DDI-) - 	311.7.2.2	ADDI-	
NT A		REMAININ AFTER AMENDME	iG		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIC	DNAL EE		RATE	TIONAL FEE	
AMENDMENT	Total	. 19	Min	us	20	=		X\$ 9=	-		OR	X\$18=		
MEN	Independent	. /	Min	us	3	=	H	X39=	1		OR	X78=		
4	FIRST PRESE	NTATION O	F MULTI	PLE DEPE	NDENT CLAIM			+130=	+		1	.260-		
											OR	+260= TOTAL		
									AL EE		OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)											,			
SNT B		CLAIMS REMAININ AFTER AMENDME	NG I		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIC	DDI- ONAL EEE		RATE	ADDI- TIONAL FEE	
MENDMENT	Total	1.	Min	าบร	**	=		X\$ 9:	=		OR	X\$18=	'	
MEN	Independent	1.		nus	***	=]	X39=	_		OR	X78=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+130	+		1			
	(Column 1) (Column 2) (Column 3)								= TAL		OR	TOTAL	 	
									EE		OR	ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINII AFTER AMENDMI	NG		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	E TH	DDI- ONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Mi	nus		=		X\$ 9	=		OR	X\$18=	l	
ME	Independent	•		inus	***	=		X39=	_		OR	X78=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	-	+		1		+	
				فينامو حديث	n	tump 2		+130	L_		OR	TOTA		
	If the "Heabort Al	lumbar Praviou	ucly Paid F	For IN THIS	nn 2, write "0" in c SPACE is less th	nan 20. enter "20	0."	TO ADDIT. F	TAL FEE		OR	ADDIT, FE		
"	"If the "Highest N	iumber Previou	usly Paid i sly Paid F	For IN IHIS or (Total or	SPACE is less the Independent) is the	nan 3, emer 3. he highest numt	ber fo	ound in th	e appro	pnate b	ox in c	olumn 1.		